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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/586,081			ing Date 23/2007	To be Mailed	
												HER THAN	
Н	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A			N/A		]	N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x s =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•			X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 addit 35 U	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			pplication size fee due Il entity) for each r fraction thereof. See and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	the difference in colu	r "0" in col		TOTAL	Ц	J	TOTAL						
APPLICATION AS AMENDED – PART II         OTHER THA           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	02/07/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(ii)	· 2	Minus	- 20		= 0		x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	-1	Minus	4		<b>-</b> 0		X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	•	Minus	:		-		× \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))		Minus	***		-		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))									]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
										OR	TOTAL ADD'L FEE		
** 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For In This SPACE is less than 3, enter "3".												

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